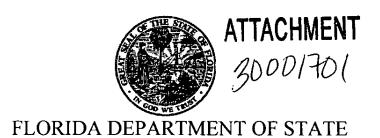
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)-

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGN

Mar 06, 2006 8:00 am Secretary of State 72/2 **DOCUMENT # L05000107986** 1. Entity Name 02-20-2006 90144 019 ****50 00 VISTA PROFESSIONAL CENTER IV, LLC Principal Place of Business Mailing Address 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Numbe Applied For 70-3753010 Not Applicable Zio Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABATELLO, CARL M Street Address (P.O. Box Number is Not Acceptable) 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418 City Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. manage TITLE ☐ Delete TITLE Change Addition NAME MALIF PAUL T SABATELLO STREET ADDRESS STREET ADDRESS 5610 PCA BLVD, SUITE 114 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 MONOGO MICHAEL SABATELLO TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 5610 PGA BLVD, SUITE 114 STREET ADDRESS CITY - ST- ZIF CITY-ST-2P PALM BEACH GARDENS, FL 33418 THEODORE P SABATELLO Delete ☐ Change **Addition** HALLS HAME 5610 PGA BLVD. SUITE 114 STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY. ST. 7IP PALM BEACH GARDENS, FL 33418 Detete ☐ Add:tion TITLE TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the rerustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED



Division of Corporations

February 22, 2006

VISTA PROFESSIONAL CENTER IV, LLC 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS, FL 33418

Subject: VISTA PROFESSIONAL CENTER IV, LLC

Reference Number:

L05000107986

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION